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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,217	07/08/2003	Mamoud Sadre		8515
7550 68/12/2008 MAMOUD SADRE 165 TREMONT STREET			EXAMINER	
			POE, KEVIN T	
Unit #203 BOSTON, MA	02111		ART UNIT	PAPER NUMBER
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			MAIL DATE	DELIVERY MODE
			08/12/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Application No. Applicant(s) 10/615.217 SADRE, MAMOUD Interview Summary Examiner Art Unit KEVIN POF 3693 All participants (applicant, applicant's representative, PTO personnel): (1) KEVIN POE. (2) MAMOUD SADRE. (4)____. Date of Interview: 30 July 2008. c) Personal (copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description: _____. Claim(s) discussed: 1 and 4. Identification of prior art discussed: N/A. Agreement with respect to the claims f) was reached. g) was not reached. h) N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments; Applicant submitted proposed amendment to claims. Discussed 101 and 112 issues in proposed amendment. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

/Kevin Poe/ Examiner, Art Unit 3693 Examiner's signature, if required

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

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